

tional routes leading to more highly situated brain centres, consequently if certain brain tracts are diseased, irritative phenomena, hemiparesis or total paralysis may occur in these routes of voluntary conduction without any pathological alterations in the nerve nuclei, an analogous condition to that after amputation of a foot in adults, in which case disease of the nerve cells of the gray spinal substance has never been found.

Observations of actual disorder of the nerve nuclei of the pons and medulla have thus far been extremely rare. Lubimoff, that industrious investigator of the brain in general paralysis, found affections of the nuclei of the facial and hypoglossus in two cases, but did not give a detailed description. Besides this, he observed a formation of connective tissue around the olive, (*Virchow's Archiv.*, LVII.) Jessen (*Obl.* 1877, 225) and according to his statement, Liouville reports similar discoveries.

The following pathological appearances which I met with in one case, in the course of a purely anatomical preparation of several brains of paralytics in Prof. Meynert's laboratory, permits me to increase by one case the above stated pathological *Casuistic* of general paralysis.

The patient in question presented during life the characteristic symptoms of the disease, together with a total paralysis of the left and a slight hemiparesis of the right facial; paralysis of the right and insufficiency of the left abducens, and a very decided disturbance of speech. After hardening and separation of the pons and medulla into transparent carmine stained sections, I found the following pathological alteration: In the left facialis-abducens nucleus, the protoplasm of the nerve nuclei was diseased, had lost its capacity to imbibe carmine, causing many of the nuclei to appear spotted; the processes were brittle. But the greater part was in highest degree sclerosed and atrophied; certain nerve nuclei exhibited the yellow atrophy described by Charcot. The facialis-abducens nucleus was particularly deficient in cells, and crossed by strong connective tissue septa. In the lower facialis nucleus existed similar alterations. The outgoing root fibres were atrophied. In the right facialis nucleus the same alterations existed as in the left. In other regions of the pons were massed granulations.

The two nuclei of the hypoglossus exhibited a still more marked sclerosis and atrophy of nerve cells than in those described, together with Charcot's yellow atrophy of certain cells, and notable proliferation of connective tissue. In other regions of the medulla were granular bodies. In the gray floor were frequent remains of capillary hemorrhages.

These remarkable pathological alterations stand in glaring contrast to the other negative findings in general paralytics.

It appears, therefore, that in this case of progressive paralysis, we have to do with a central disorder of the nerve nuclei described.

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LUCID INTERVALS IN INSANITY.—Bigot, *Brochure*, Paris, 1877, (abstr. in *Revue des Sciences Medicales*). This memoir is devoted to the analysis of the equivocal states, which vary but little from perfect sanity, but which

come under the category of and represent one phase of mental alienation. This so-called reasoning insanity is not properly an insanity, but is one of the necessary periods of mental trouble, whatever it may be or become. There also exists, according to the author, a stage of incubation in which the insanity is not yet characterized, and in which it commences with incomplete manifestations.

This reasoning vesanic disorder marks the evolution or involution of every classified insanity, and it may exist alone and disappear before the appearance of the ordinary attack.

Bigot divides this *folie raisonnante* into lucid, para-lucid, and pseudo-lucid forms.

**Lucidity.** The patient is more or less clearly aware of the morbid conception; if he conceals it we are unable to detect it, if he acknowledges it, it is in such a way that we hesitate to believe him insane.

**Pseudo-lucidity.** The patient is just conscious of his insanity. He accepts the insane notion, but understands that it is for his interest to hide it.

**Para-lucidity.** The patient does not conceal his delusion in which he maintains an obstinate faith, to spare himself from *ennui*.

Bigot also classifies those predisposed. He distinguishes intellectual and moral anomalies, of which he separates two types (he insufficient and the unstable) from that which he calls the direct forms, passionnal anomalies or manias, and the indirect or oblique mental disorders.

*En résumé*, says the author, there are reasoning maniacs, there is no reasoning insanity. The definite attack is frequently slow or brief, and this gives a great value to the intermediate states. Those patients who remain very long in an uncertain mental condition are most frequently abnormal forms of insanity. There are prolonged lucid intervals in every kind of mental alienation; there are good, bad, and indifferent. Between reason and confirmed insanity there is every shade of reasoning power; *natura non facit saltus*.

**DEMENTIA PARALYTICA.**—W. Jessen (*Centralblatt*, 31st March, 1877) examined microscopically the pons and medulla in two cases of dementia paralytica, although no lesions were seen with the unaided eye. The morbid changes were considerable, especially in the region of the inferior decussation of the pyramids. They consisted in proliferation of the epithelium lining the central canal, and in destruction of the nerve-fibres and ganglionic cells.

**OPTIC NEURITIS IN ACUTE INFANTILE MENINGITIS.**—Dr. H. Parinaud, *Brochure*, Paris, 1877, (noticed in *Gaz. des Hopitaux*). *Conclusions.* Optic neuritis in the acute meningitis of infancy has all the clinical and anatomical characters of strangulated neuritis, such as we observe in the different conditions in which the intra-cranial pressure is increased. It is